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### Renew My Benefits (RMB)

| Figure | Update   |
|--------|--|
| 1-35   | <b>RMB.</b> Updates to RMB content (overview, questions, signature page, and PDF). |

### Document Upload

| Figure | Update  |
|--------|---|
| NA     | <b>Document Upload.</b> MI Bridges users now will have the opportunity to upload documents regardless of my ID proofing status if the user has a Bridges ID and/or submitted application. |

### Application for Benefits (AFB)

| Figure | Update  |
|--------|---|
| 36     | <b>AFB.</b> New message to a MI Bridges resident user when an application recently has been submitted via MI Bridges and the user clicks on AFB so multiple applications are not submitted. |
| 37 -38 | <b>AFB.</b> Updates to the income input pages in AFB and the PDF so that the information is clear for caseworkers to support application processing.  |

### Resources

| Figure | Update   |
|--------|--|
| 39-40  | <b>Resources.</b> Enhancement! When a user views the resource details page for a specific resource, there is a new option to report inaccurate information about the resource or organization. This will generate an email to 211. |

### Community Partners (CP)

| Figure | Update   |
|--------|--|
| NA     | <b>CP.</b> Resources report enhancement (LPOC permissions) view of how many resources recommended by navigators within the organization. Filters to include: Navigator and date (year, quarter, month, start date of the week, day) and the option to export the data. |
| NA     | <b>CP.</b> New check boxes to manage locations permission levels displayed MI Bridges public page when registering an organization.  |
| NA     | <b>CP.</b> A more specific error message(s) removing an LOE from a location and there are pending/active clients and/or referrals with clear instruction what is needed to move forward.   |
| 41-42  | <b>CP.</b> Referral partners now will receive notification one time per day when a referral(s) is assigned for awareness.  |

Appendix

Screenshots:

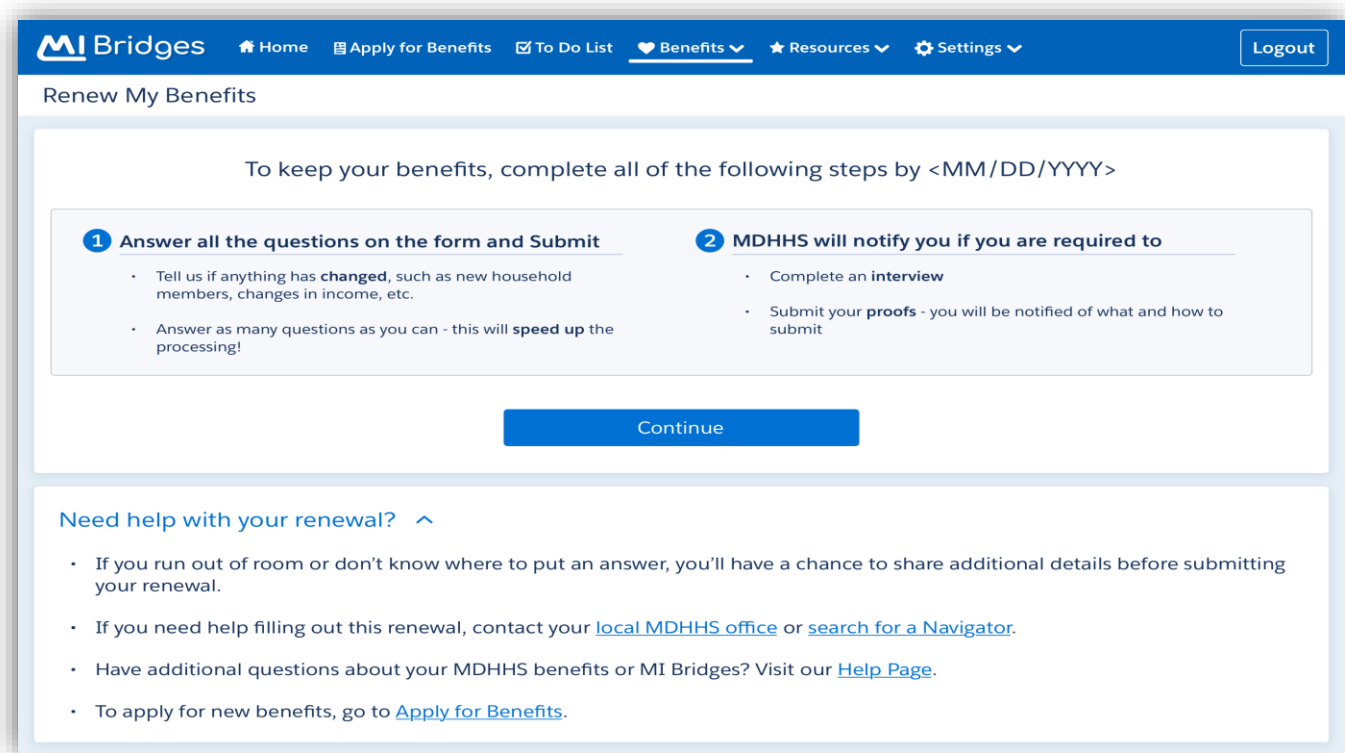


Figure 1: RMB

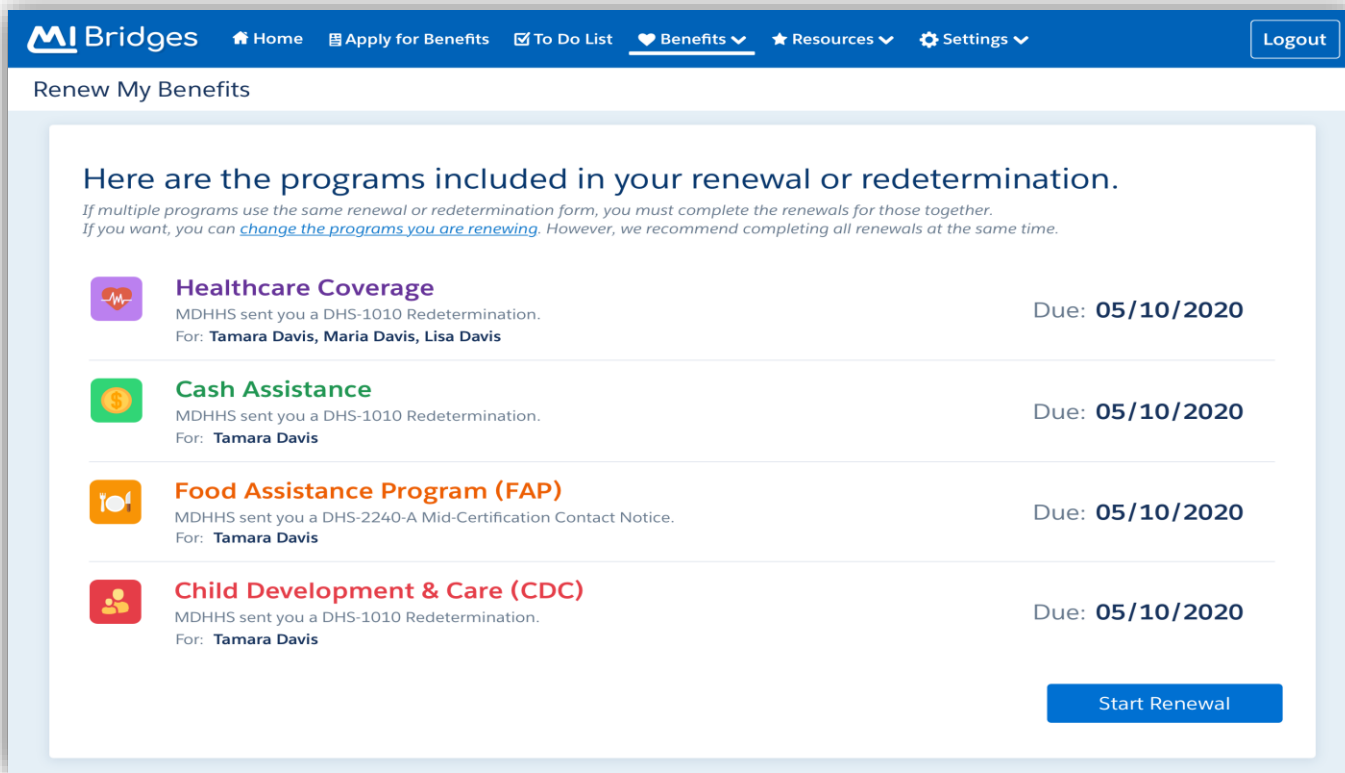



Figure 2: RMB

MI Bridges

[Home](#) [Apply for Benefits](#) [To Do List](#) [Benefits](#) [Resources](#) [Settings](#)

Logout

Renew My Benefits

 Household Members

Your Current Household

|                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|
| Tamara Davis (30) | Tamara Davis (30) | Tamara Davis (30) | Tamara Davis (30) |
|-------------------|-------------------|-------------------|-------------------|

\* = Required

Would you like to add anyone to your household? \*  
This includes individuals who are members of your tax household.

Yes

No

Would you like to remove anyone from the home? \*

Yes

No

Is anyone in your household pregnant now or were they in the last 2 months? \*

Yes

No

Does anyone in your household have a disability? \*

Yes

No

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Continue


Figure 3: RMB

MI Bridges

[Home](#) [Apply for Benefits](#) [To Do List](#) [Benefits](#) [Resources](#) [Settings](#)

Logout

Renew My Benefits

 Household Members

\* = Required

Who is pregnant or has been in the last 2 months? \*

☒ Tamara Davis (41)

Number of Expected Children

-

1

+

End/Due Date \*

Select a Date

☐ Maria Davis (23)

Who has a disability? \*

☐ Tamara Davis (41)

☐ Maria Davis (24)

☐ Michael Davis (10)

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Continue


Figure 4: RMB

MI Bridges

[Home](#) [Apply for Benefits](#) [To Do List](#) [Benefits](#) [Resources](#) [Settings](#)

Logout

Renew My Benefits



Assets

Has anyone in your household sold, transferred, or given away assets in the last 90 days?

YesNo

Has anyone in your household received a federal tax refund in the last 12 months?

YesNo

Who received a federal tax refund in the last 12 months?

☒ Tamara Davis (41)

Amount/Value

\$

☐ Joseph Davis (40)

☐ Maria Davis (24)

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Continue


Figure 5: RMB

MI Bridges

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Logout

Renew My Benefits



Assets

Has anyone in your household received a federal tax refund in the last 12 months?

YesNo

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Continue


Figure 6: RMB

MI Bridges

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Logout

Renew My Benefits

 Assets

Has anyone in your household sold, transferred, or given away assets in the last 5 years?

YesNo

Has anyone in your household received a federal tax refund in the last 12 months?

YesNo

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Figure 7: RMB

MI Bridges

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Logout

Renew My Benefits

 Healthcare Coverage

\* = Required

Does anyone in your household have, or expect to have, medical insurance coverage (other than Medicaid or MICHild)? \*

YesNo

Is anyone in your household American Indian or Alaska Native? ⓘ \*

YesNo

Who is American Indian or Alaska Native? \*

☒ Tamara Davis (41)

☐ Joseph Davis (40)

☐ Maria Davis (24)

☐ James Davis (19)

Has anyone ever received a service or referral from the Indian Health Service, a tribal health program, or urban Indian health program? \*

YesNo


Is anyone eligible to receive a service or referral from the Indian Health Service, a tribal health program, or urban Indian health program? \*

YesNo

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Figure 8: RMB

 MI Bridges

[Home](#) [Apply for Benefits](#) [To Do List](#) [Benefits](#) [Resources](#) [Settings](#)

Logout

Renew My Benefits

 Healthcare Coverage

\* = Required

Who has or expects to have medical coverage?

☒ Tamara Davis (41)

Type of Coverage

Medicare

Policy Number

87282929

+ Add Another Type

☐ Maria Davis (23)

☐ Michael Davis (17)

Is anyone a member of a federally recognized tribe?

YesNo

Who in the household is a member of a federally recognized tribe?

☒ Tamara Davis (41)

Name of Tribe

Lac du Flambeau Band...

Lac du Flambeau Band of Lake Superior Chippewa Indians of the Lac du Flambeau Reservation of Wisconsin

☐ Maria Davis (23)

☐ Michael Davis (17)

Who has ever received a service or referral from the Indian Health Service, a tribal health program, or urban Indian health program?

☐ Tamara Davis (41)

☐ Maria Davis (23)

☐ Michael Davis (17)

Who is eligible to receive a service or referral from the Indian Health Service, a tribal health program, or urban Indian health program?

☐ Tamara Davis (41)

☐ Maria Davis (23)

☐ Michael Davis (17)

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Figure 9: RMB

MI Bridges

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[Apply for Benefits](#)

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Logout

Renew My Benefits



Child Development & Care (CDC)

Do you currently live in temporary or emergency housing?

Yes

No

If in a two-parent household, do the parents' schedules overlap (for example, one parent works 9:00 AM – 5:00 PM and the other works 2:00 PM – 7:00 PM)?

Yes

No

Is either parent serving active duty in the U.S. Military?

Yes

No

Is either parent a member of the National Guard or Military Reserve Unit?

Yes

No

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Figure 10: RMB

MI Bridges

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Logout

Renew My Benefits

 Child Development & Care (CDC)

Provide parent and immunization details for each child listed.

Michael Davis (17)

Michael's Mother

Tamara Davis

Michael's Father

Someone Not Listed

Name

Bob Smith

Living at home with the child?

Yes

No

Yes

No

Is Michael Davis (17) up to date on immunizations (shots)?

Yes

No

Baby Davis (6)

Baby's Mother

Tamara Davis

Baby's Father

Arnold Davis

Living at home with the child?

Yes

No

Yes

No

Is Baby Davis (6) up to date on immunizations (shots)?

Yes

No

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Figure 11: RMB

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MI Bridges

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Logout

Renew My Benefits



Child Development & Care (CDC)

You need child care so you can participate in (check all that apply):

☐ Work

☒ High School or GED Completion/Education

☐ Training/Employment Preparation

☐ PATH program or other approved activity

☐ Activity required by MDHHS Child Protective Services

☒ Treatment for Health or Social Condition

Explain...

If you are in school, do you need study time?

Yes


No

How many hours of child care do you need every two weeks?


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Continue

Figure 12: RMB

 Home Apply for Benefits To Do List Benefits Resources Settings Logout

Renew My Benefits

 Cash Assistance

Does anyone in the household have or expect to have medical coverage (including accident insurance, worker's compensation, health savings, health/hospital insurance or other)?

Yes

No

Are there children under 6 years of age who are not up-to-date on their immunizations (shots)?

Yes

No

Are there any children (ages 6-18) in school now? ⓘ


Yes

No


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Continue

Figure 13: RMB

 Home Apply for Benefits To Do List Benefits Resources Settings Logout

Renew My Benefits

 Cash Assistance

Who has or expects to have medical coverage (including accident insurance, worker's compensation, health savings, health/hospital insurance or other)?

☐ Tamara Davis (41)

☐ Maria Davis (23)

☐ Michael Davis (17)

Who is under 6 years of age and not up-to-date on their immunizations (shots)?

☐ Baby Davis (5)

Which children are in school now?

☐ Child Davis (10)


☐ Child Davis (14)

☐ Child Davis (17)


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Figure 14: RMB

 Home Apply for Benefits To Do List Benefits Resources Settings Logout

Renew My Benefits

 Food Assistance Program (FAP)

Does anyone buy and make food separately from the rest of the household?

YesNo

Has anyone in your household who is receiving FAP, received the Home Heating Credit (HHC) in an amount greater than \$20 for this month or within the past 12 months?

YesNo


Has anyone in your household who is receiving FAP received a State Emergency Relief (SER) payment or Michigan Energy Assistance Program (MEAP) payment in an amount greater than \$20 for this month or within the past 12 months?

YesNo


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Continue

Figure 15: RMB

 Home Apply for Benefits To Do List Benefits Resources Settings Logout

Renew My Benefits

 Food Assistance Program (FAP)

Who buys and makes food separately from the rest of the household?

☐ Tamara Davis (41)


☐ Maria Davis (23)

☐ Michael Davis (17)

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Continue

Figure 16: RMB



[Home](#)[Apply for Benefits](#)[To Do List](#)[Benefits](#)[Resources](#)[Settings](#)

Logout

Renew My Benefits

### Your Signature

\* = Required

I declare, under penalties of perjury, that this application and has been examined by or read to me, and, to the best of my knowledge, the facts are true and complete. If I am a third party applying on behalf of another person, I swear or affirm that this application has been examined by or read to the applicant, and, to the best of his/her knowledge, the facts are true and complete. In addition, all the information provided or told to my MDHHS specialist by me or my representative is true. I understand I can be prosecuted for perjury if I have intentionally given false or misleading information, misrepresented, hidden or withheld facts which caused me to receive assistance I should not have received or more assistance than I should have received. I can be prosecuted for fraud and/or required to repay the amount wrongfully received. I understand I may be asked to show proof of any information I have given.

I understand MDHHS will check income and eligibility verification systems along with federal, state and private agencies to make sure the information you provide on the assistance application is correct. If the information does not match, we may ask you to send us proof. Verifications of the information you provide may affect your household's eligibility and level of benefits. MDHHS may check wages, income, assets, unemployment benefits, income tax refunds, Social Security benefits and numbers, child support, immigration status, etc. MDHHS will check records from other states. You may be denied benefits in Michigan if you or other household members were disqualified in another state. For healthcare coverage, if you give any information that does not match, MDHHS may ask you to send us proof to find out what is correct. You may be asked for permission to contact employers, banks, or other people.

I understand that upon my death the Michigan Department of Health and Human Services (MDHHS) has the legal right to seek recovery from my estate for services paid by Medicaid (including Healthy Michigan Plan). This means that some or all of my estate may be recovered. MDHHS will not seek to recover against the estate while there is a legal surviving spouse or a legal surviving child who is under the age of 21, blind, or disabled. An estate consists of real and personal property. If you have received an asset disregard due to a long-term care partnership policy, the amount disregarded will be subtracted from the amount sought under Estate Recovery. If you have received an asset disregard due to a long-term care partnership policy, Estate Recovery applies to all assets whether they are subject to probate administration or not. Estate Recovery only applies to certain Medicaid and Healthy Michigan Plan recipients who received Medicaid services after the effective date of the estate recovery statute. MDHHS may agree not to pursue recovery if an undue hardship exists. An application must be submitted to determine if the applicant qualifies for an undue hardship waiver. Undue hardship waivers are temporary. For further information regarding Estate Recovery or to request an undue hardship application, call 800-642-3195.

I understand I can view the [DHS Publication 1010, Important Things About Programs & Services](#). This publication contains key information about programs, things you must do, important things to know, repay agreements, information about your household that will be shared, and hearing/appeal rights.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

If you file for bankruptcy, send a copy of the official bankruptcy notice to: MDHHS Bankruptcy, PO Box 30820, Lansing, MI 48909.

By signing this application you are agreeing to the statements above.

#### Navigator Information

Did a navigator assist you in completing this redetermination?

+ Provide Community Partner ID (CP ID)

Signature of Applicant\*


Type applicant's name (Tamara Davis) in the box above.

Please provide a telephone number so that MDHHS can call you if you are scheduled for a telephone interview.

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Submit

Figure 17: RMB



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Logout

Renew My Benefits

Renewal/Redetermination Submitted

MDHHS has received a copy and started processing.

Renewal Submitted

You can [view your submitted renewal](#) or access it later. You can also view the [DHS Publication 1010](#) for important information about programs and services.

Go to Benefits To-Do List

You do **not** need to follow up with MDHHS about this submission but you may have other actions needed, like to complete an interview and/or submit proofs. Visit your To Do List to view a list of the steps required to complete your renewal process.

View To-Do List

Figure 18: RMB

# Renew Benefits

**Renewal For: Tamara Davis, Maria Davis, Sam Davis, Rose Davis**
**Renewal Due: 04/10/2020**

| Case Number | Programs Renewed   | Date Submitted | Time         | Tracking Number |
|-------------|--------------------|----------------|--------------|-----------------|
| 150369189   | MA, FAP, Cash, CDC | 03/31/2020     | 10:32 AM EST | 1491092789      |

You're required to have an interview with a MDHHS specialist.  
 The specialist will contact you.

When: **4/15/2020 at 9:00 AM**

Where: **Tamara's Phone 810-382-8888**

If you do not keep your appointment and submit all required proofs by the renewal due date your benefits may be expired, canceled, delayed, or reduced. You are responsible for calling an MDHHS caseworker before your interview date if you need to reschedule, would like an in-person interview, or cannot submit all required proofs.

Figure 19: RMB PDF

## Summary of Changes in this Renewal:

**Contact Information**

**Changed**

Cell Phone  
 Home Address  
 Mailing Address

**Cell Phone as of 03/31/2020**  
 810-382-8888

**Home Address as of 03/31/2020**  
 Homeless

**Mailing Address as of 03/31/2020**  
 22300 George Washington Hwy  
 Apt 234 D  
 Detroit, MI 44900

**Household Members**

**Added**

Member - Rose Davis (age 9)  
 Pregnancy - Maria Davis (age 24)  
 Disability - Maria Davis (age 24)

**Removed**

Member - Sam Davis (age 26)

**Household Members as of 03/31/2020**  
 Tamara Davis (age 41)  
 Maria Davis (age 24)  
 Lisa Davis (age 17)  
 Rose Davis (age 9)

**Assets**

Figure 20: RMB PDF



Assets

Added

Account - Checking

Account - Life Insurance

Changed

Vehicle - Car

Removed

Property - Burial Plot

Assets as of 03/31/2020

Account - Checking

Account - Life Insurance

Vehicle - Car

Vehicle - Truck

Property - Rental Property

Property - Burial Plot

Income & Employment

Added

Additional Income - Child Support

Changed

Self-Employment - Business Owner or Operator

Removed

Employment - Bloomingdales

Income & Employment as of 03/31/2020

Employment - CVS

Employment - FedEx

Employment - Bloomingdales

Self-Employment - Business Owner or Operator

Additional Income - Child Support

Expenses

Added

Housing - Homeowner's Insurance

Changed

Medical - Transportation for Care

Removed

Dependent Care - Care for a child or family member

Expenses as of 03/31/2020

Housing - Homeowner's Insurance

Utility - Septic/Sewer Installation or Maintenance

Medical - Transportation for Care

Medicare Premium - Part A


Voter Registration

Added

Tamara would like help registering to vote at their current address.

Figure 21: RMB PDF

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 **Contact Information**

Phone Changed in This Renewal

When did this change occur?

03/15/2020

Cell Phone

810-382-8888

Home Phone

123-456-9999

TTY/TDD

Number

Address Changed in This Renewal

When did this change occur?

03/01/2020

Are you homeless?

No

Home Address

22300 George Washington Hwy

Home Address 2

Apartment 2304D

City/State/Zip

Village of Grosse Point Shores

Is your mailing address different from the address above?

Yes

Mailing Address

22300 George Washington Hwy

Mailing Address 2

Apartment 3451

City/State/Zip

Village of Grosse Point Shores

What county do you reside in?

Shiawassee

Nursing Facility Changed in This Renewal

Date of Nursing Facility Admission

03/03/2020

Name of Nursing Facility

Marian

Phone Number of Nursing Facility

123-456-7890

Nursing Facility Address

22300 George Washington Hwy

Nursing Facility Address 2

Apartment 2304D

City/State/Zip

Village of Grosse Point Shores

Figure 22: RMB PDF



Spouse Phone Changed in This Renewal

When did this change occur?  
03/03/2020

|              |              |         |
|--------------|--------------|---------|
| Cell Phone   | Home Phone   | TTY/TDD |
| 123-456-9999 | 123-456-9999 | Number  |

Spouse Address Changed in This Renewal

When did this change occur?  
03/30/2020

Are you homeless?  
No

|                                |                 |
|--------------------------------|-----------------|
| Home Address                   | Home Address 2  |
| 22300 George Washington Hwy    | Apartment 2304D |
| City/State/Zip                 |                 |
| Village of Grosse Point Shores |                 |

Is your mailing address different from the address above?  
Yes

|                                |                   |
|--------------------------------|-------------------|
| Mailing Address                | Mailing Address 2 |
| 22300 George Washington Hwy    | Apartment 3451    |
| City/State/Zip                 |                   |
| Village of Grosse Point Shores |                   |


What county do you reside in?  
Shiawassee

Authorized Representative Changed in This Renewal

|                                |              |
|--------------------------------|--------------|
| Authorized Representative Name | Phone Number |
| John Doe                       | 123-456-7890 |

|                                |                   |
|--------------------------------|-------------------|
| Mailing Address 1              | Mailing Address 2 |
| 22300 George Washington Hwy    | Suite 2           |
| City/State/Zip                 |                   |
| Village of Grosse Point Shores |                   |

Figure 23: RMB PDF

 **Household Members**

Household as of 03/31/2020

| Household Member     | Age | Sex    |
|----------------------|-----|--------|
| Tamara Jane Davis    | 41  | Female |
| Maria Louise Davis   | 24  | Female |
| Lisa Jane Davis      | 17  | Female |
| Rose Marie Davis Jr. | 9   | Female |

Individuals Added in This Renewal

When did this change occur?  
10/10/2019

First Name  
Rose

Middle Name  
Marie

Last Name  
Davis

Suffix  
skipped

Date of Birth  
10/20/2017

Sex  
Female

US Citizen/National  
Yes

Pregnancy Added in This Renewal

| Member Name | # of Expected Children | End/Due Date |
|-------------|------------------------|--------------|
| Maria Davis | skipped                | 06/12/2020   |

Disability Added in This Renewal

Household Member

Tamara Davis

Individuals Removed in This Renewal


Household Member

Sam Davis

Relationships

| Household Member | is the _____ | of _____     |
|------------------|--------------|--------------|
| Maria Davis      | Daughter     | Tamara Davis |
|                  | Sister       | Lisa Davis   |
|                  | Sister       | Rose Davis   |
| Lisa Davis       | Daughter     | Tamara Davis |
|                  | Sister       | Rose Davis   |
| Lisa Davis       | Sister       | Maria Davis  |

Figure 24: RMB PDF

 **Household Details**

### Citizenship/Immigration Status

**Yes**

Has anyone in your household had a change in citizenship or immigration status?

Household Member

Jenna Davis

Become a U.S. Citizen/National?

No

Have qualified immigration status?

Yes

Date of US Entry

10/20/2017

Document Type

I-551 (Permanent Resident Card, "Green Card")

Alien Number

675423091

Card Number

851230944

Date of US Entry

03/12/2010

SEVIS ID

N

### Filing a Federal Tax Return

**Yes**

Does anyone in your household plan to file a federal tax return next year?

| Household Member | Filing jointly with a spouse? | Claiming Dependents? | Dependents            |
|------------------|-------------------------------|----------------------|-----------------------|
| Tamara Davis     | Yes                           | Yes                  | Sam Davis, Lisa Davis |
| Maria Davis      | No                            | No                   | Rose Davis            |

### Dependent on Someone Else's Tax Return


**Yes**

Will anyone applying be claimed as a dependent on someone else's tax return?

| Dependent  | Tax Filer    | Relationship to Tax Filer |
|------------|--------------|---------------------------|
| Lisa Davis | Tamara Davis | Lisa is Tamara's Daughter |
| Rose Davis | Tamara Davis | Rose is Tamara's Daughter |

Figure 25: RMB PDF

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**Assets**

**Assets as of 03/31/2020**

| Household Member | Type             | Description                 |
|------------------|------------------|-----------------------------|
| Tamara Davis     | Money & Accounts | Checking                    |
| Tamara Davis     | Money & Accounts | Life Insurance              |
| Tamara Davis     | Vehicle          | Car - 2010 Pontiac Grand Am |
| Maria Davis      | Vehicle          | Truck - 2014 Ford F150      |
| Tamara Davis     | Property         | Rental Property             |
| Maria Davis      | Property         | Burial Plot                 |

**Assets Added in This Renewal**

**Money & Accounts**

When did this change occur?  
03/20/2020

| Household Member | Type     | Joint Account |
|------------------|----------|---------------|
| Tamara Davis     | Checking | Yes           |

| Name of Bank/Institution | Balance/Value (dollars) |
|--------------------------|-------------------------|
| skipped                  | \$300                   |

**Money & Accounts**

When did this change occur?  
03/20/2020

| Household Member | Type           | Face Value (dollars) |
|------------------|----------------|----------------------|
| Tamara Davis     | Life Insurance | \$50,000             |

Figure 26: RMB PDF

**Assets Changed in This Renewal**

**Vehicles**

When did this change occur?  
03/20/2020

Household Member  
Tamara Davis

| Type | Year | Make    | Model    |
|------|------|---------|----------|
| Car  | 2010 | Pontiac | Grand Am |

**Assets Removed in This Renewal**

**Property**

When did this asset end?  
03/20/2020

| Household Member | Type        |
|------------------|-------------|
| Tamara Davis     | Burial Plot |

**Additional Assets Information**

**Yes** Does your household have \$15,000 or more in cash assets?


**Yes** Has anyone in the household sold, transferred, or given away assets in the last 5 years?  
Please explain any sales or transfers below.  
skipped

**No** Does the household have total assets that exceed one million dollars?

**Yes** Has anyone in your household received a federal tax refund in the last 12 months?

| Household Member | Amount/Value |
|------------------|--------------|
| Tamara Davis     | \$320        |
| Maria Davis      | \$400        |

Figure 27: RMB PDF

Income & Employment

Income & Employment as of 03/31/2020

| Household Member | Type              | Description                |
|------------------|-------------------|----------------------------|
| Tamara Davis     | Employment        | CVS                        |
| Tamara Davis     | Employment        | FedEx                      |
| Lisa Davis       | Employment        | Bloomingdales              |
| Maria Davis      | Self-Employment   | Business Owner or Operator |
| Tamara Davis     | Additional Income | Child Support              |

Income & Employment Added in This Renewal

Additional Income

Date of First Payment

03/03/2020

Household Member

Tamara Davis

Type

Child Support

Amount (dollars)

\$2,000

per

Year

Frequency

Income & Employment Changed in This Renewal

Self-Employment

When did this change occur?

03/03/2020

Household Member

Tamara Davis

Type

Business Owner or Operator

Avg. hours/month

50

Monthly Income (before expenses)

\$700

Monthly Expenses

\$150

Income & Employment Removed in This Renewal

Employment

Date Job Ended

04/10/2020

Household Member

Tamara Davis

Employer Name

Bloomingdales

Additional Income & Employment Information

Yes

Does anyone's income change from month to month?

| Household Member | Total Estimated Income This Year | Total Estimated Income Next Year |
|------------------|----------------------------------|----------------------------------|
| Tamara Davis     | \$12,000                         | \$11,000                         |

Figure 28: RMB PDF

Expenses

Expenses as of 03/31/2020

| Household Member | Type             | Description                              |
|------------------|------------------|--|
| Tamara Davis     | Housing          | Homeowner's Insurance                    |
| Tamara Davis     | Utility          | Septic/Sewer Installation or Maintenance |
| Lisa Davis       | Medical          | Transportation for Care                  |
| Maria Davis      | Medicare Premium | Part A                                   |

Expenses Added in This Renewal

Housing

When did this change occur?  
03/20/2020

Household Member  
Tamara Davis

Type  
Homeowner's Insurance

Amount (dollars)  
\$200

per  
Month

Frequency  
Month

Expenses Changed in This Renewal

Medical

When did this change occur?  
03/20/2020

Household Member  
Tamara Davis

Type  
Transportation for Care

Amount (dollars)  
\$200

per  
Once

Frequency  
Once

Expenses Removed in This Renewal

Dependent Care

When did this expense end?  
03/20/2020

Household Member  
Tamara Davis

Additional Expenses Information

Yes

Do you receive help to pay for dependent care?

Figure 29: RMB PDF



Healthcare Coverage

Medical Insurance

**Yes** Does anyone in your household have, or expect to have, medical insurance coverage (other than Medicaid or MIChild)?

| Household Member | Type of Coverage | Policy Number |
|------------------|------------------|---------------|
| Tamara Davis     | Medicare         | 87283929      |
| Maria Davis      | Medicare         | 29293654      |

Additional Coverage Information

**Yes** Is anyone in your household American Indian or Alaska Native?

Household Member

Tamara Davis

**Yes** Has anyone ever received a service or referral from the Indian Health Service, a tribal health program, or urban Indian health program?

Household Member

Tamara Davis

Maria Davis

**Yes** Is anyone eligible to receive a service or referral from the Indian Health Service, a tribal health program, or urban Indian health program?

Household Member

Tamara Davis

**Yes** Is anyone a member of a federally recognized tribe?


| Household Member | Tribe Name   |
|------------------|--|
| Tamara Davis     | Lac du Flambeau Band of Lake Superior Chippewa Indians of the Lac du Flambeau Reservation of Wisconsin |

**Yes** Does anyone in the household have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.), live in a medical facility or nursing home, or is anyone in the household medically frail?

Household Member

Tamara Davis

Figure 30: RMB PDF

 Child Development & Care (CDC)

Child Care Needs

You need child care so that you can participate in (check all that apply):

☒ Work

☒ High School or GED Completion/Education

☐ Training/Employment Preparation

☐ PATH program or other approved activity

☒ Activity required by MDHHS Child Protective Services

☒ Treatment for Health or Social Condition

Explain...

In treatment for substance use

If you are in school, do you need study time?

No

How many hours of child care do you need every two weeks?

12 Hours

Children (Age 18 and Under) in Household

| Child       | Parent | Legal Name    | Parent Living at Home? | Child Up to Date on Immunizations? |
|-------------|--------|---------------|------------------------|------------------------------------|
| Maria Davis | Mother | Tamara Davis  | Yes                    | Yes                                |
|             | Father | Anthony Davis | Yes                    |                                    |
| Lisa Davis  | Mother | Rose Davis    | Yes                    | Yes                                |
|             | Father | Anthony Davis | Yes                    |                                    |

Parent Information

Yes

Do you currently live in temporary or emergency housing?

Yes

If in a two-parent household, do the parents' schedules overlap (for example, one parent works 9:00 AM – 5:00 PM and the other works 2:00 PM – 7:00 PM)?

Yes

Is either parent serving active duty in the U.S. Military?

Household Member

Tamara Davis

Yes

Is either parent serving active duty in the U.S. Military?

Household Member

Tamara Davis

Figure 31: RMB PDF

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Cash Assistance

Medical Coverage

Yes

Does anyone in the household have or expect to have medical coverage (including accident insurance, worker's compensation, health savings, health/hospital insurance or other)?

Household Member

Tamara Davis

Maria Davis

Child Information

Yes

Are there any children (ages 6-18) in school now?

Household Member

Child Davis 1

Child Davis 2



Food Assistance Program (FAP)

Food Assistance Information

Yes

Does anyone buy and make food separately from the rest of the household?

Household Member

Tamara Davis


Yes

Has anyone in your household who is receiving FAP, received the Home Heating Credit (HHC) in an amount greater than \$20 for this month or within the past 12 months?

Yes

Has anyone in your household who is receiving FAP received a State Emergency Relief (SER) payment or Michigan Energy Assistance Program (MEAP) payment in an amount greater than \$20 for this month or within the past 12 months?

Figure 32: RMB PDF



Additional Details

Conviction, Probation, and Parole

Yes

Has anyone ever been convicted of a drug-related felony for conduct which occurred after August 22, 1996?

| Household Member | Convicted more than once? |
|------------------|---------------------------|
| Tamara Davis     | No                        |
| Maria Davis      | Yes                       |

Yes

Is anyone in the household in violation of probation or parole?

Household Member

Tamara Davis

Assistance From Another State

Yes

Has anyone in the household ever received Cash Assistance from another state?

| Household Member | State            |
|------------------|------------------|
| Tamara Davis     | Kentucky         |
| Maria Davis      | Florida, Georgia |

Yes

Has anyone in the household ever received Food Assistance from another state?

| Household Member | State            |
|------------------|------------------|
| Tamara Davis     | Kentucky         |
| Maria Davis      | Florida, Georgia |

Medical Information

Yes

Do you have any unpaid medical bills for the services provided in the last three months?

Yes

Do you have a health insurance premium?

Yes

Do you have Medicare?

Yes

Do you need help paying Medicare premiums?

Figure 33: RMB PDF

Yes

Are you covered by health, hospital, or long-term care insurance policy or were you covered in the last 3 months?

Yes

Has a court ordered anyone to pay your medical expenses or provide health insurance for you?

Yes

Have you had an accident or work-related illness or injury resulting in medical costs that may be paid by another person or an insurance company?

Yes

Have you set up a plan or entered into a contract, such as life care contract that will pay your medical care?

Other

Yes

Has anyone filed a pending lawsuit which may bring money, property, etc.?

Household Member

Tamara Davis

Yes

Has anyone received a one-time cash payment within the last 5 years?

Household Member

Tamara Davis

Yes

Do you have a pending lawsuit that may bring property or money to you?

Yes

Have you ever applied for or received assistance in Michigan?

Yes

Have you received money or benefits such as Medical Assistance from another state in the last 30 days?

Yes

Do you have a Guardian/Conservator?

Name of the Guardian/Conservator

John Doe

Phone Number

123-456-7890

Guardian/Conservator Mailing Address

22300 George Washington Hwy

Guardian/Conservator Mailing Address 2

Suite 2


City/State/Zip

Village of Grosse Point Shores

Yes

Do you pay expenses for a court-appointed guardian/conservator?

Figure 34: RMB PRDF



Final Details

IRS Renewals

Yes

To make it easier to determine your healthcare eligibility in future years, do you agree to the use of IRS data for automatic renewals?

For how long would you like to use IRS data for automatic renewals?

3 Years

Additional Changes

Please tell us anything else that may have changed that would be helpful for MDHHS to know.

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nullam maximus ex nec justo elementum, eu cursus risus sollicitudin. Pellentesque posuere justo sit amet nisi tincidunt, et fermentum tortor pellentesque. In eu lobortis enim. Pellentesque dictum pretium volutpat. Donec pulvinar purus nec lacus


Signature

Signature

Tamara Davis

Figure 35: RMB PDF

Submit Another Application?



We received your application for <Program 1, Program 2, and Program 3> <X> days ago. If you haven't heard anything on the status of that application then it's still being processed. You can view that submission in Previous Applications.

Submit a New Application

View Previous Applications

For info on how long it takes for an application to be processed, you can view the [Information Booklet](#).

Figure 36: AFB

MI Bridges

Home

Apply for Benefits

To Do List

Benefits

Resources

Settings

Logout

Apply for Benefits

Program Selection

Introduction

Household Members

Household Details

Assets

Income

Expenses

Program Details

Final Details & Submit

Employment

List anyone in your household who is employed now, or has been in the last 30 days.

Household Member

Employer Name \*

How often does \_\_\_\_\_ receive a paycheck? \*

Daily

Once per Week

Once Every 2 Weeks

2x/Month

Month

On average, how many hours does \_\_\_\_\_ work each week? \*

How much are \_\_\_\_\_ wages/tips (before tax)? \*

\$

per \*

Hour

Week

2 Weeks

2x/Month

Month

Year

+ Add Another

< Back

Continue

Figure 37: AFB

MI Bridges

Home

Apply for Benefits

To Do List

Benefits

Resources

Settings

Logout

Apply for Benefits

Program Selection

Introduction

Household Members

Household Details

Assets

Income

Expenses

Program Details

Final Details & Submit

Additional Income

List anyone in your household who has additional income.

Household Member \*

Income Type

How often does \_\_\_\_\_ receive a payment? \*

Daily

Once per Week

Once Every 2 Weeks

2x/Month

Month

Amount (dollars) \*

\$

per \*

Week

2 Weeks

2x/Month

Month

Year

+ Add Another

< Back

Continue

Figure 38: AFB

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Find Resources

← Michigan Department of Health and Human Services

Distance

1.45 Miles Away

Address

333 Main Street,  
Muskegon, MI 42444

Phone

517-555-1234

Email

commresc1@michigan.gov

Hours

Mon-Fri 8am - 11:45am

Website

mdhhs.org

Add to My Resources

Service Description

Operates a program that lets SSI recipients get food benefits without a lot of paperwork.

Services Offered

SUPPLEMENTAL FOOD PROGRAM [Show More](#)

Eligibility

Must be receiving SSI  
Have no other income  
Are at least 18 years of age  
Reside in Michigan

Fees

There are no fees for this institution.

Application Process

There is not application process for this resource.

Report Inaccurate Information ^

Note: This section is not for requesting help or benefits.

MI Bridges Information Change Request

What type of information needs to be updated for <<Resource Name>>?

☐ Address

☐ Website

☐ Phone Number

☐ Hours

☐ Services

Describe the issue:

CancelSend Report

Figure 39: Resources

MI Bridges

Helping you every step of the way.

Hello,

A client reported inaccurate information for the following organization:

- Organization Name: <organization name>
- Agency ID: <agency ID>
- Site ID: <site ID>
- Service Description: <service description>

The following information was reported as inaccurate:

- Address
- Phone
- Website
- Hours
- Services
- Description: <description of issue>

Thanks,

MI Bridges Team

This message, including any attachments, is intended solely for the use of the above named recipient and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure, or distribution of any confidential and/or privileged information contained in this e-mail is expressly prohibited. If you are not the intended recipient, please contact [MDHHSPrivacySecurity@michigan.gov](mailto:MDHHSPrivacySecurity@michigan.gov) and destroy any and all copies of the original message.

Figure 40: Resources

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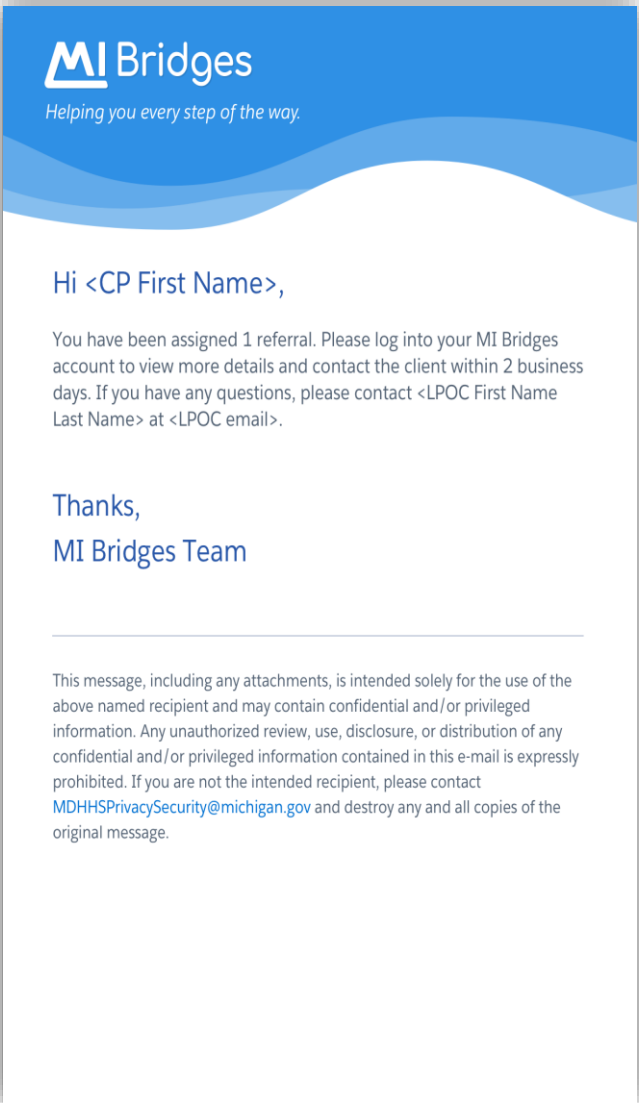


Figure 41: CP

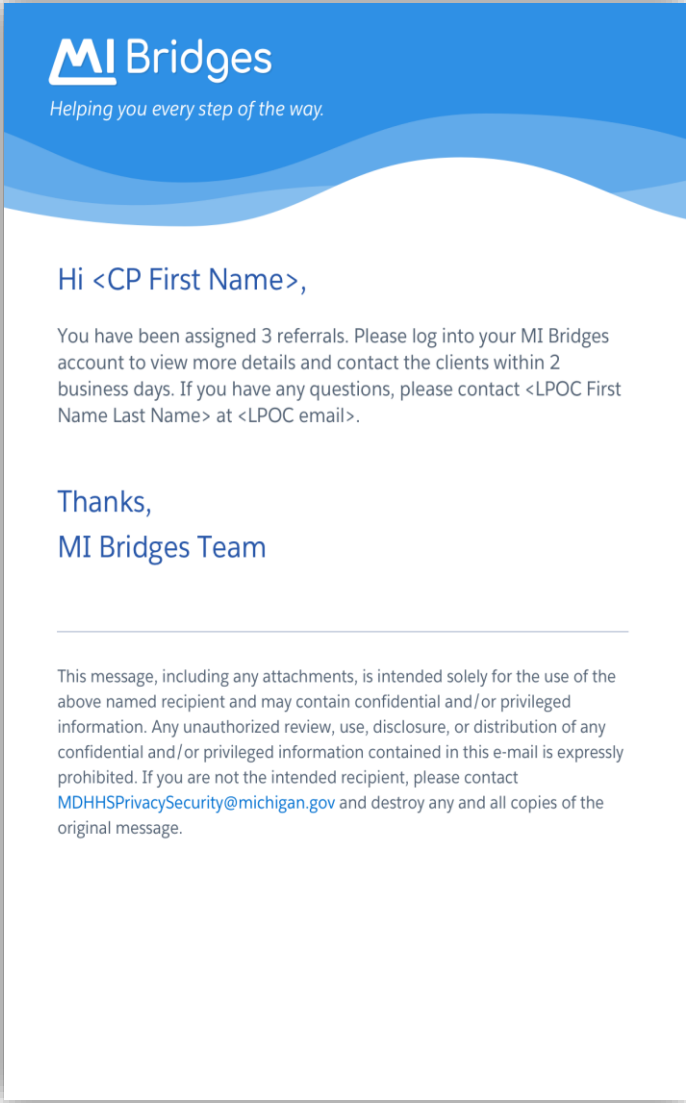


Figure 42: CP